



# HOW TO PREPARE A TRAVEL VOUCHER (DD FORM 1351-2)

A STEP-BY-STEP GUIDE FOR  
ARMY WOUNDED WARRIORS

Prepared by Travel Pay Operations  
Defense Finance & Accounting Service  
October 2007

# **Serving those who serve all**

Thank you for your service to the nation, and thank you in advance for referring to this guide as you prepare your travel vouchers. We have finance personnel, supporting most medical treatment facilities, who stand ready to assist you in completing this form to ensure timely and proper payment.

This “How to” guide is intended for Army Wounded Warriors. It provides step-by-step procedures in preparing a travel voucher so it is “pay ready” upon submission. The goal with this guide and other travel information pamphlets is to assist the traveler in receiving faster payment. Submitting “pay ready” vouchers to the Defense Finance and Accounting Service will assist in providing timely and accurate payment to the traveler.

*The DFAS Travel Pay Operations Team*

## **Army Wounded Warrior Travel Pay TRAVEL CUSTOMER SERVICE INQUIRIES**

Toll Free Number: 1-888-332-7366 (DSN 699-0300)

Hours of Operation: 7:00 AM to 6:00 PM (Eastern)

Allows traveler to check (for past 90 days):

\* Receipt of voucher

\* Payment of voucher

### **Casualty Travel – Indianapolis Contact & Voucher Submission Information**

Mailing Address: DFAS-IN/Casualty Travel  
Dept. 3700  
8899 E. 56th St.  
Indianapolis, IN 46249-3700

Fax Number: (317) 510-7699 (DSN: 699-7699)

E-mail: DFAS-INTravelCasualty@Dfas.mil

You may contact your local Wounded Warrior Pay Management Team for assistance in filling out your travel voucher.

The WWPMT can review the voucher packet for correctness and submit the voucher for payment on your behalf.

## **A complete voucher packet includes...**

- DD Form 1351-2
- All orders issued for the mission, to include mobilization orders (if applicable), Temporary Change of Station (TCS) orders, attachments, endorsements, any and all amendments, and Permanent Change of Station (PCS) orders, etc.
- Additional TDY orders (i.e. DD 1610s)
- Demobilization/REFRAD/DD214 orders when filing final voucher (Reserve/National Guard only)
- All previous accruals/advances received from overseas finance offices (non-submission of previous payment data will result in delays of payment)
- Receipts for all lodging, regardless of amount
- All receipts for expenses incurred for \$75.00 and over
- DA 31 leave form (or leave must be annotated on the 1351-2)
- IF APPLICABLE: Statement of Non-Availability for commercial lodging and meals (i.e., if you had to stay in a commercial hotel due to unavailability of quarters)
- DIRECT DEPOSIT: Service members should provide direct deposit information for their financial institution by submitting a SF 1199 Direct Deposit Form or a voided check with their claim.

## **Common scenarios while receiving care at a medical treatment facility (MTF)...**

1. If, while at the MTF, you remain on Temporary Change of Station (TCS) Orders. When you file your first travel voucher at the MTF, your travel itinerary will show your movement from your home station, into theater, and then to the MTF for care. A full page example of this scenario is on page 6. This is often referred to as your “first accrual.” If you remain at the MTF for an extended time, you can file subsequent monthly vouchers to receive your travel entitlements accrued from the previous month.

If you choose, you can wait to file your first travel voucher until after your care at the MTF has concluded and you return to your home station. An example of this type of itinerary is on page 9 of this guide.

2. If, while at the MTF, you receive Permanent Change of Station (PCS) Orders. When you file your travel voucher at the MTF, your travel itinerary will show your movement from your previous permanent duty station, into theater, and then to the MTF where you are PCS'd. An example of this type of itinerary is on page 9 of this guide.

When you PCS, you may also have dependents moving to your new permanent duty location. In many cases, dependent movement is not the same as the Soldiers'. An example of an itinerary for PCS dependent movement can be found on page 9 of this guide. Completion of the PCS dependent travel portion of the voucher can be filed separately or with the Soldier's PCS travel voucher. If dependent's travel itinerary is different from the Soldier, include a second DD Form 1351-2 in the packet to show the dependent travel itinerary. Soldier specific information should remain at the top of the second 1351-2 (Blocks 1-11.)

# Example of a first accrual travel voucher

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____					
<b>2. NAME</b> (Last, First, Middle Initial) (Print or type) Soldier, Johnny L.		<b>3. GRADE</b> E-5	<b>4. SSN</b> 000-00-0000		<b>5. TYPE OF PAYMENT</b> (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		
<b>6. ADDRESS:</b> a. NUMBER AND STREET 1776 Freedom St.		b. CITY Anywhere		c. STATE IN	d. ZIP CODE 00000		
e. E-MAIL ADDRESS johnny.soldier@email.com		<b>10. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY					
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> 000-000-0000		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b> 10-213		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b> 0.00			
<b>11. ORGANIZATION AND LOCATION</b> WRAMC		<b>12. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS</b> (Include Zip Code)		<b>13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS</b> (Include Zip Code)			
<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		<b>15. ITINERARY</b> a. DATE 2006		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		c. MEANS/MODE OF TRAVEL GP	
d. REASON FOR STOP TD		e. LODGING COST		f. COMPUTATIONS			
12/1 DEP Ft. Drum, NY		12/2 ARR Kuwait		4/28 DEP Landstuhl, GE		5/15 DEP Walter Reed AMC, DC	
5/15 ARR FIRST ACCRUAL 12/1/06 THRU 5/31/07							
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		17. DURATION OF TRAVEL 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS		18. REIMBURSABLE EXPENSES a. DATE 5/15			
b. NATURE OF EXPENSE Laundry (5/15-5/31)		c. AMOUNT 0.00		d. ALLOWED		e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed (10) Amount Due	
19. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS		c. DATE d. NO. OF MEALS					
20. a. CLAIMANT SIGNATURE //s// TRAVELER'S SIGNATURE		b. DATE 6/1/07		c. SUPERVISOR SIGNATURE //s// SUPERVISOR'S SIGNATURE		d. DATE 6/1/07	
21. a. APPROVING OFFICER SIGNATURE		b. DATE					
22. ACCOUNTING CLASSIFICATION		23. COLLECTION DATA					
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
28. AMOUNT PAID							

## Instructions for completing a DD Form 1351-2

**Block 1:** Electronic Funds Transfer (EFT) is mandatory for all service members.

- \* Use a voided check or SF1199 Direct Deposit Form
- \* Split disbursement: Amount indicated to be paid to Bank of America (BOA) if Soldier used the U.S. Government provided VISA card.
- \* Any amount can be sent to BOA
- \* Indicate "ALL" or specific dollar amount

**\*\*Note:** Split disbursement option is only for Government Issued (BOA) Travel Card holders.

<b>1. PAYMENT</b>		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.	
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)	<input type="checkbox"/> Payment by Check	Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____	

**Block 2:** Last Name, First Name, Middle Initial of Soldier

**Block 3:** Grade of the Soldier

**Block 4:** Social Security Number of Soldier

**Block 5:** Indicate "TDY" for short term visitation. Mark "PCS" if assigned to medical treatment facility and indicate "Dependents" and "DLA" (Dislocation Allowance) if there is permanent family movement. DLA is also entitled if the Soldier is single (E-6 and above) and elects to live off base.

**Blocks 6a-6d:** Valid mailing address for receipt of advice of payment

**Block 6e:** Valid e-mail address

**Block 7:** Daytime telephone number in the event DFAS-IN should need to make contact

**Block 8:** Order number which is listed on the orders provided to the Soldier

**Block 9:** List any and all previous payments paid from any finance office pertaining to the travel period being claimed

**Block 10:** Do Not Use - Leave Blank

**Block 11:** Hospital or medical treatment facility in which Soldier is being treated

<b>2. NAME (Last, First, Middle Initial) (Print or type)</b>		<b>3. GRADE</b>	<b>4. SSN</b>		<b>5. TYPE OF PAYMENT (X as applicable)</b>	
					<input type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee
					<input type="checkbox"/> PCS	<input type="checkbox"/> Other
					<input type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA
<b>6. ADDRESS. a. NUMBER AND STREET</b>						<b>10. FOR D.O. USE ONLY</b>
<b>b. CITY</b>						<b>a. D.O. VOUCHER NUMBER</b>
<b>c. STATE</b>						<b>b. SUBVOUCHER NUMBER</b>
<b>d. ZIP CODE</b>						
<b>e. E-MAIL ADDRESS</b>						
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b>		
<b>11. ORGANIZATION AND STATION</b>						

**Blocks 12-14:** Leave blocks 12-14 blank if remaining on Temporary Change of Station (TCS) orders while at the medical treatment facility. If you receive PCS orders and are moving dependents from previous duty station or home of residence to medical facility, then follow steps on the next page to complete this portion. See page 9 for an itinerary for family member movement.

<b>12. DEPENDENT(S) (X and complete as applicable)</b>			<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b>	
<input type="checkbox"/> ACCOMPANIED	<input checked="" type="checkbox"/> UNACCOMPANIED		1815 Olmstead Drive	
<b>a. NAME (Last, First, Middle Initial)</b>	<b>b. RELATIONSHIP</b>	<b>c. DATE OF BIRTH OR MARRIAGE</b>	Watertown, NY 13602	
Soldier, Julie M	Daughter	4/3/95		
Soldier, Bridgett A	Daughter	9/23/98		
Soldier, Brittney L	Daughter	9/23/98		
Soldier, Donna L	Spouse	5/17/75		
			<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b>	
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)	

**\*\*Note:** Mark "unaccompanied" if family is traveling separate from the Soldier (i.e., Soldier is already at the PCS location)

**Block 12a:** List last name, first name, and middle initial of all dependents

**Block 12b:** List the relationship to the Soldier being treated



**Block 12c:** List the date of birth of dependent children and date of marriage for spouse

**Block 13:** List the address where dependents were residing at time PCS orders were received

**Block 14:** Indicate whether household goods have been shipped by the government

**Block 15:** Itinerary

a: **Date:** List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 12/1). Next to "ARR" list the date arrived at the next location (this could be the same day)

b: **Place:** List the location for each travel step for departure, duty, change of transportation modes, leave, etc. This block should include city/state (e.g., Ft. Drum, NY) or overseas location (e.g., Kuwait). Ensure all overnight stops are listed, including your final destination.

c: **Means/Modes of Travel:** List the type of transportation used for each leg of travel.

d: **Reason for Stop:** List the reason for stops using the appropriate two letter code.

e: **Lodging Cost** is used to list any lodging expense incurred while TDY at the medical treatment facility.

f: **POC (Privately Owned Conveyance) Miles** is used to list any Privately Owned Vehicle mileage incurred. Typically this is mileage to home station or mobilization site. Check the box for own/operate if you owned or physically operated (e.g., drove) the vehicle used to travel to or from the TDY/PCS location. *Ensure*

*Block 16 is complete when claiming automobile mileage.*

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE 2006	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
12/1	DEP	Ft. Drum, NY	GP			
12/2	ARR	Kuwait		TD		
4/28	DEP		GP			
4/28	ARR	Landstuhl RMC, GE		HA		
5/15	DEP		GP			
5/15	ARR	Walter Reed AMC, DC		TD		
6/12	DEP		CP			
6/12	ARR	Ft. Drum, NY		MC		
	DEP					

### Deployment itinerary for Temporary Change of Station (TCS)

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE 2006	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
12/1	DEP	Ft. Drum, NY	GP			
12/2	ARR	Kuwait		TD		
1/20	DEP		GP			
1/20	ARR	Landstuhl RMC, GE		HA		
2/19	DEP		GP			
2/19	ARR	Walter Reed AMC, DC		TD		
2/20	DEP		CP			
3/1	ARR	Walter Reed AMC, DC		MC		
3/1	DEP					

### Deployment itinerary for PCS to a medical treatment facility

15. ITINERARY		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)				
2007					
2/28	DEP	1815 Olmstead Dr., Watertown, NY	PA		
3/1	ARR		MC		851
	DEP	Walter Reed AMC, DC			
	ARR				
	DEP				

*The "Means/Modes of Travel" block should include the appropriate two-letter code:*

Choices for first letter:

T: Government provided ticket  
G: Government Transportation  
C: Commercial Transportation  
P: Privately Owned Conveyance

Choices for second letter:

A: Automobile  
M: Motorcycle  
B: Bus  
P: Plane  
R: Rail

*Most common combinations:*

PA - Private Auto

CA - Commercial Auto (taxi)

TP - Government provided airfare (no cost)

CP - Commercial airfare (traveler purchased)

*The "Reason for Stop" block should include the appropriate two-letter code:*

AD - Authorized Delay is used for overnight stays or if delayed at airport.

AT - Awaiting Transportation is used when waiting for other modes of travel. This is usually conducted in same day travel.

HA - Hospital Admittance is used to indicate inpatient care at a medical treatment facility or hospital.

HD - Hospital Discharge is used to indicate discharge from inpatient care.

TD - Temporary Duty is used to indicate time spent at a medical treatment facility while in an outpatient status.

LV - Leave is used to indicate time away from military duty; either on site, at home of residence or chosen location. LV is also used for convalescent leave.

MC - Mission Complete is used to conclude travel. "MC" for Permanent Change of Station (PCS) indicates the date subsequent to shipment of household goods, and clearance of quarters from the previous permanent duty station.

**\*\*Note:** Even if you are already at the medical treatment facility when PCS orders are issued, you are allowed sufficient time to initiate PCS from the previous duty station, but no later than the report date issued on the orders.

Block 16: Must indicate whether Privately Own Conveyance is Own/Operator or Passenger

16. POC TRAVEL (X one)		OWN/OPERATE		PASSENGER
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Block 17: Indicate the duration of Temporary Duty (TDY) Travel

17. DURATION OF TRAVEL	
<input type="checkbox"/>	12 HOURS OR LESS
<input type="checkbox"/>	MORE THAN 12 HOURS BUT 24 HOURS OR LESS
<input checked="" type="checkbox"/>	MORE THAN 24 HOURS

Block 18: Reimbursable Expenses:

a: List the date the expense was incurred

b: List the type of expense, i.e. taxi fares

c: List the amount of the expense

18. REIMBURSABLE EXPENSES			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
6/12/07	Laundry	0.00	



**Block 19:** Government/Deductible Meals (circle one)

a: Date the meals were provided

b: Number of meals provided by the government with no cost to the traveler

**\*\* Note:** If you have a Statement of Non-Availability (SNA) for meals and consume a meal either at cost or no cost, you will have to annotate the number of meals in block 19b. If the meal was furnished at cost, circle Government. If the meal was furnished without cost, circle Deductible. If both Government and Deductible meals were provided, indicate "Ded" or "Gov" next to the number of meals.

19. GOVERNMENT/DEDUCTIBLE MEALS			
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
5/25/06	2		
5/26-5/27/	6		

**Block 20 (a & b):** Physical signature of traveler and date the voucher was signed. **Both must be complete.**

**Block 20 (c & d):** Supervisory Chain of Command signature once voucher is reviewed for accuracy and date the voucher was reviewed. **Both must be complete.**

20.a. CLAIMANT SIGNATURE	b. DATE	c. SUPERVISOR SIGNATURE	d. DATE
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**Block 21 (if applicable):** Handwritten name and signature of approving officer if authorizing expenses not listed on original order. (**Note:** Approving officer must list additional expenses authorized). Must include date signed in Block 21a.

21.a. APPROVING OFFICER SIGNATURE	b. DATE
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**Block 22:** Leave Blank - Finance Office use only

**Blocks 23-28:** Leave Blank - Finance Office use only

**Block 29:** Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during temporary duty
- Clarify any additional travel-related issues
- Reflect exchange rates when working with foreign currency

<p><b>29. REMARKS</b></p> <p>a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:</p> <p>b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.</p>
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## **Army Wounded Warrior - Travel Pay SUPPLEMENTALS**

**Q. *What do I do when I feel I've been paid in error?***

When it is suspected that an error and/or omission has been made in the payment of a travel voucher, please call a Travel Customer Service representative at 1-888-332-7366 or DSN 699-0300.

**Q. *What do I do when an error or omission has occurred?***

When an error or omission has occurred, submit a supplemental claim to the Casualty Travel Team via:

Fax: (317) 510-7699 (DSN: 699-7699)  
E-mail: DFAS-INTravelCasualty@dfas.mil  
Mail: DFAS-IN/Casualty Travel  
Dept. 3700  
8899 E. 56th St.  
Indianapolis, IN 46249-3700

**Q. *How do I prepare a supplemental claim?***

The supplemental claim must include:

- a. A DD Form 1351-2 marked "SUPPLEMENTAL". Provide a full explanation of the item(s) of expense in question on the revised DD Form 1351-2 or on a separate sheet of paper.
- b. A copy of the Advice of Payment for the voucher in question.
- c. A copy of the initial DD Form 1351-2 and continuation sheets (if any).
- d. One copy of the orders and amendments.
- e. A copy of all supporting documentation applicable to the supplemental claim. If not available, provide a written statement

### **When listing your Reimbursable Expenses, remember to include...**

**ATM Fees:** Service members who:

- 1) Use a U.S. Government provided charge card or
- 2) Use their personal card can be reimbursed ATM fees for making a withdrawal for official travel.

**Room Taxes:** If travel occurred in the Continental United States (CONUS), room taxes should be claimed in Block 18 (separately from lodging expense). If outside the Continental United States (OCONUS), do not separate expense.

**Personal Auto Miles:** As of 1 February 07, the rate for Personally Owned Conveyance (POC) mileage is \$.485 cents per mile.

# **Top 10 Reasons For Payment Delays**

1. Missing Traveler/Reviewer/Approving Official signatures/dates
2. Missing orders
3. Missing receipts/invalid receipts
4. Expenses claimed but not authorized in orders or authorized by Approving Officer
5. Block for mileage not checked (Block 16), owner/operator not claimed
6. Incomplete itinerary
7. Traveler does not submit or reviewer does not forward voucher within five (5) business days of completion of travel
8. ATM expenses not separated out by month
9. Incorrect SSN on travel vouchers and/or orders
10. Not claiming all previous payments received for travel period

## Local Information:

Local Personnel Office:

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Local Finance Office:

Local Wounded Warrior Pay Management Team:

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Notes:

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